



Deborah A. Clayman
Licensing Director

City of Chelsea
DEPARTMENT OF LICENSING,
PERMITTING AND CONSUMER AFFAIRS
City Hall, 500 Broadway
Chelsea, Massachusetts 02150

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Fax: (617) 466-4165
dclayman@chelseama.gov

OLD GOLD
LICENSE APPLICATION

1. Name of business: _____
Business address: _____
Business phone #: _____
2. State whether the above-named concern is an individual,
co-partnership, association or a corporation?

3. If an individual, state the following:
Name: _____
Social security number: _____
Date of birth: _____
Residential address: _____
Home telephone: _____
4. If a co-partnership, state the following information of the
person composing it:
Name: _____
Social security number: _____
Date of birth: _____
Residential address: _____
Home telephone: _____
5. If an association or a corporation, state the following
information for the principal officers:
Name of President: _____
Social security number: _____
Date of birth: _____
Residential address: _____
Home telephone: _____
Name of Secretary: _____
Social security number: _____
Date of birth: _____
Residential address: _____
Home telephone: _____

Name of Treasurer: _____
Social security number: _____
Date of birth: _____
Residential address: _____

Home telephone: _____

Name of Clerk: _____
Social security number: _____
Date of birth: _____
Residential address: _____

Home telephone: _____

Hours of operation: _____

Signature

Federal Tax ID Number

Return this application to Deborah A. Clayman, Director,
Department of Licensing, Permitting and Consumer Affairs, 500
Broadway, Room 200, Chelsea, MA 02150, with the following:

- 1) Affidavit of Tax Compliance;
- 2) Application fee in the amount of \$20 (non-refundable), check or money order only, payable to City of Chelsea.

Upon application approval, you will be required to provide the following:

- 1) Business certificate, if applicable;
- 2) Weights and Measures approval form;
- 3) Bond to the City of Chelsea in the sum of three hundred dollars (\$300.00);
- 4) Licensing fee in the amount of \$20, payable to the City of Chelsea (check or money order only).

WEIGHTS AND MEASURES APPROVAL FORM

Name of business: _____

Address of business: _____

Name of inspector: _____

I have inspected the weighing and measuring devices intended to be used by this Pawnbroker/Old Gold Dealer and found that they are operational and therefore have granted them a seal.

Signature of Inspector

Date of Inspection

AFFIDAVIT OF TAX COMPLIANCE

Pursuant to M.G.L., c. 62C, s. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all Massachusetts tax returns and paid all Massachusetts taxes required under law, as well as paid all contributions and payments in lieu of contributions pursuant to M.G.L., c. 151A, s. 19A(b).

(Signature of individual or corporate name)

(Social Security # or Federal Identification #)

(Date)